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	RULE			

APPLICANTS

Raymond C. Kurzweil, Newton, MA;

m m
 ** CONTINUING DATA ***** *None*

m m
 ** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE
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** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPEN CLAIM 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>m m</i> Examiner's Signature				
	Initials				

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TITLE

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